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The Honorable Frederick P. Corbit
Chapter: 9

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF WASHINGTON

In Re:

Kennewick Public Hospital District,

Debtor.

Case No. 17-02025-9

NOTICE OF DEADLINES FOR
FILING PROOF OF CLAIM

TO CREDITORS AND OTHER PARTIES IN INTEREST:

NOTICE IS HEREBY GIVEN THAT:

The General Bar Date for filing claims is December 29, 2017.

On June 30, 2017, Kennewick Public Hospital District, a Washington public hospital district (d/b/a Trios Health) (the “Debtor,” “District,” or “Trios”) filed its voluntary petition for relief under chapter 9 of title 11 of the United States Code in the United States Bankruptcy Court for the Eastern District of Washington (the “Court”).

1 On July __, 2017, the Court entered an order (the “Claims Administration
2 Order”) [ECF No. __] setting a deadline for filing proofs of claim, approving the
3 form of this notice, and approving the Claims Form. A copy of the approved
4 Claims Form is enclosed with this Notice.

5 1. **Deadline for Filing Proofs of Claims.** Any person or entity desiring
6 to file a claim against the District must file a proof of claim on or before
7 **December 29, 2017** (the “General Bar Date”); provided, however, that
8 governmental units must file a proof of claim on or before **April 30, 2018** (the
9 “Government Bar Date”). Each proof of claim must either be filed electronically
10 by the applicable claims bar date, using the bankruptcy court’s CM/ECF or ePOC
11 program, or mailed or hand-delivered so as to be received by the Court by the
12 applicable claims bar date. Mailed claims must be addressed to:

13 United States Bankruptcy Court
14 Eastern District of Washington
15 P.O. Box 2164
Spokane, WA 99210

16 **EXCEPT FOR CREDITORS ON THE LIST OF CREDITORS WHOSE**
17 **CLAIMS ARE NOT LISTED AS CONTINGENT, UNLIQUIDATED OR**
18 **DISPUTED, A CREDITOR MUST FILE A PROOF OF CLAIM ON OR**
19 **BEFORE THE APPLICABLE CLAIMS BAR DATE OR MAY BE BARRED**
20 **FROM: (A) VOTING WITH RESPECT TO ANY PLAN FOR THE**
21 **ADJUSTMENT OF THE DISTRICT’S DEBTS AND (B) RECEIVING ANY**
22 **DISTRIBUTION UNDER SUCH PLAN.**

1 **2. Notice to Current and Former Patients Regarding Private Health**
2 **Information in Proofs of Claim.** Any current or former patient of the District
3 (each, a “Patient Creditor”) who wishes to file a Proof of Claim in this bankruptcy
4 case should leave out or redact private health information on the Proof of Claim
5 and on any documents attached to the Proof of Claim. **Any Patient Creditor who**
6 **includes private health information on their Proof of Claim risks public**
7 **disclosure of such information, and will be deemed to have voluntarily**
8 **disclosed that information to the public.**

9 Although, the Court prefers claimants to file proofs of claim electronically
10 using the CM/ECF or ePOC program, the Court recognizes that significant privacy
11 concerns are present in this case and that a proof of claim filed through CM/ECF
12 ePOC immediately becomes a public record. Therefore, in an effort to protect the
13 confidential information of patient claimants, the Court is restricting public access
14 to proofs of claim that: (1) are mailed or hand-delivered to the Court, (2) are
15 prepared using the Claims Form accompanying the Notice, and (3) indicate that the
16 claimant is a current or former patient of this Debtor.

17 **3. List of Creditors.** On July 21, 2017, the District filed a List of
18 Creditors, with the bankruptcy court [ECF No. 93]. A creditor holding a claim in
19 this case need not file a proof of claim if that creditor’s claim is: (a) included on
20 the List of Creditors; and (b) not identified on the List of Creditors as contingent,
21 unliquidated, or disputed. For such claims, the amount of the claim on the List of
22 Creditors will control unless the creditor files a claim for a different amount by the

1 applicable deadline for filing a proof of claim. A creditor whose claim is not on the
2 List of Creditors, or on the List of Creditors and identified as contingent,
3 unliquidated, or disputed and who desires to participate in the case or share in any
4 distribution **must** file a proof of claim on or before the General Bar Date or, if the
5 creditor is a governmental unit, as defined in section 101(27) of the Bankruptcy
6 Code, by the Governmental Bar Date. A copy of the List of Creditors is available
7 on the Notice Agent's website: <http://cases.gardencitygroup.com/kphd/>.

8
9
10 DATED this ____ day of July, 2017.

11 FOSTER PEPPER PLLC

12
13 By: _____
14 Jack Cullen, WSBA #7330
15 Bryan Glover, WSBA #51045
16 Andy Morton, WSBA #49467
17 Ella Vincent, WSBA #51351
18 *Attorneys for Debtor Kennewick Public*
19 *Hospital District*

Proof of Claim

Official Form 410*

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

This chapter 9 case was commenced in the United States Bankruptcy Court for the Eastern District of Washington, on June 30, 2017 (the "Petition Date.") Fill in all the information for the claim as of the Petition Date.

Part 1: Identify the Claim	Are you a current or former patient of Kennewick Public Hospital District d/b/a Trios Health? <input type="checkbox"/> Yes <input type="checkbox"/> No
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1. Who is the current creditor?	<input type="text"/> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <input type="text"/>
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2. Has this claim been acquired from someone else?	<input type="checkbox"/> No <input type="checkbox"/> Yes. From whom? <input type="text"/>
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3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<input type="text"/> Name	<input type="text"/> Name
	<input type="text"/> <input type="text"/> Number Street	<input type="text"/> <input type="text"/> Number Street
	<input type="text"/> <input type="text"/> <input type="text"/> City State ZIP Code	<input type="text"/> <input type="text"/> <input type="text"/> City State ZIP Code
	<input type="text"/> Contact phone	<input type="text"/> Contact phone
	<input type="text"/> Contact email	<input type="text"/> Contact email

4. Does this claim amend one already filed?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) <input type="text"/>	Filed on <input type="text"/>	MM/DD/YYYY
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5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? <input type="text"/>
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Part 2: Give Information About the Claim as of the Date the Case Was Filed

6.	Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____	
7.	How much is the claim?	\$ _____	Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.	
9.	Is all or part of the claim secured?	<input type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____% <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10.	Is this claim based on a lease?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
11.	Is this claim subject to a right of setoff?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	
12.	Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply:</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.		<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
		<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
		<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
		<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
		<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
		<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____
* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.			

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date _____
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name _____
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City State ZIP Code

Contact phone _____ Email _____

IF SUBMITTING A HARD COPY OF A PROOF OF CLAIM FORM, PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS:
IF BY MAIL: UNITED STATES BANKRUPTCY COURT, EASTERN DISTRICT OF WASHINGTON, PO BOX 2164, SPOKANE, WA 99210

THE GENERAL BAR DATE IN THIS CHAPTER 9 CASE IS (**GEN BAR DATE** at _:_ P.M.) (PREVAILING _____ TIME)
THE GOVERNMENT BAR DATE IS (**GOV BAR DATE** at _:_ P.M.) (PREVAILING _____ TIME)

Instructions for Proof of Claim

United States Bankruptcy Court

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- **Fill in all the information for the claim as of the Petition Date.**
- **If the claim has been acquired from someone else, then state the identity of the last party** who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- **Attach any supporting documents to this form.**
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *Redaction* of information in the section below.)
Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d).
- **Do not attach original documents because attachments may be destroyed after scanning.**
- **If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.**
- **A Proof of Claim form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth.** See Bankruptcy Rule 9037.
- **For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian.** For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, either enclose a stamped self-addressed envelope and a copy of this form or go to the court's PACER system (www.pacer.psc.uscourts.gov) to view the filed form.

Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate. 11 U.S.C. § 503.

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. §101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. §507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages.

Proof of claim: A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

Redaction of information: *Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to privacy on the Proof of Claim form and any attached documents.*

Secured claim under 11 U.S.C. §506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Uniform claim identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Do not file these instructions with your form.